

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: ABCD Providers
Managed Care Plans

Memorandum No: 05-33MAA
Issued: June 26, 2005

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

For Information Call:
(800) 562-6188

Subject: Access to Baby and Child Dentistry (ABCD): Fee Schedule Changes

Effective for dates of service on and after July 1, 2005, the Medical Assistance Administration (MAA) will update the Access to Baby and Child Dentistry Fee Schedule with the one (1.0) percent Vendor Rate Increase (VRI) that was appropriated by the Legislature for the 2006 state fiscal year.

Maximum Allowable Fees

MAA is updating the Access to Baby and Child Dentistry (ABCD) fee schedule. The 2005 Washington State Legislature appropriated a vendor rate increase of one (1.0) percent for the 2006 state fiscal year.

Attached are updated replacement pages E.1–E.4 for MAA’s current *Access to Baby and Child Dentistry (ABCD) Billing Instructions*.

Bill MAA your usual and customary charge.

Diagnosis Reminder

MAA requires valid and complete ICD-9-CM diagnosis codes. When billing MAA, use the highest level of specificity (4th or 5th digits if necessary) or the entire claim will be denied.

MAA’s Provider Issuances

To obtain DSHS/HRSA provider numbered memoranda and billing instruction, go to the DSHS/HRSA website at <http://hrsa.dshs.wa.gov> (click *the Billing Instructions and Numbered Memorandum* link). These may be downloaded and printed.

Fee Schedule

HCPCS Code	Brief Description	Maximum Allowable Fee
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Initial Comprehensive Oral Evaluation:

D0150	Comprehensive oral evaluation For MAA purposes, this is to be considered an initial exam. One initial evaluation allowed per client, per provider or clinic. Normally used by a general dentist and/or a specialist when evaluating a patient comprehensively. <i>Six months must elapse before a periodic evaluation will be reimbursed.</i>	\$37.37
D0120	Periodic oral evaluation One periodic evaluation is allowed every six months.	27.27

Fluoride Varnish Application:

D1203	Topical application [gel or varnish] Allowed up to three times in a 12-month period. Document in the client's file which material (e.g., topical gel or fluoride varnish is used).	\$21.60
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Oral Health Education:

ADA Code	EPA #	Description	ABCD Maximum Allowable
This procedure code requires expedited prior authorization. See instructions below.			
D9999	870000997	<p>Family Oral Health Education Allowed twice per calendar year, per family.</p> <p>EPA Criteria</p> <p>When billing for this code (D9999) and placing the assigned EPA number 870000997 onto the ADA claim form, a provider is verifying that all of the following occurred:</p> <ul style="list-style-type: none"> • The provider is an MAA-approved ABCD provider; • The child is 5 years of age or younger; and • All of the following services were provided during the Family Oral Health Education: <ul style="list-style-type: none"> ✓ Risk Assessment; ✓ “Lift the Lip” Training; ✓ Teeth Cleaning Training; ✓ Dietary Counseling; ✓ Fluoride Supplements Discussion/Prescription; and ✓ Follow-up. <p>Refer to page C.1 for further information.</p>	\$25.25

Amalgams: Allowance includes polishing.

D2140	Amalgam - one surface, primary. Tooth and surface designations required.	\$51.01
D2150	Amalgam - two surfaces, primary. Tooth and surface designations required.	70.32
D2160	Amalgam - three or more surfaces, primary. Tooth and surface designations required.	86.56

Resin Restorations (Composite/Glass Ionomer):

Allowed only on anterior teeth C through H and M through R.

D2330	Resin-based composite - 1 surface, anterior Tooth and surface designations required.	\$76.76
D2331	Resin-based composite – 2 surfaces, anterior Tooth and surface designations required.	89.54
D2332	Resin-based composite – 3 surfaces, anterior Tooth and surface designations required.	103.73
D2335	Resin-based composite - 4 or more surfaces or involving incisal angle (anterior). Tooth and surface designations required.	103.73

Other Restorative Procedures:

D2930	Prefabricated stainless steel crown - primary tooth. Tooth designation required.	146.45
D2390	Resin-based composite crown, anterior – primary tooth Tooth designation required.	151.50
D2933	Prefabricated stainless steel crown with resin window – primary upper anterior teeth (C-H) (This is a complete procedure; no add-on for this procedure.)	106.05
D3220	Therapeutic pulpotomy, covered only as complete procedure, once per tooth. Tooth designation required.	76.19

Anesthesia:

D9230	Analgesia, anxiolysis, inhalation of nitrous oxide MAA does not cover analgesia or anxiolysis under either the ABCD program or the Dental Program. Use this code when billing for inhalation of nitrous oxide.	\$6.24
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Drugs:

D9630	Other drugs and/or medicaments Use this code when billing for pharmaceuticals. Payable only when billed with either D9220, D9241, or D9248. MAA limits this procedure code to parenteral and multiple oral agents for conscious sedation and general anesthesia agents only.	By Report
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Miscellaneous Services:

D9920	Behavior management Involves a patient whose documented behavior requires the assistance of one additional dental professional staff to protect the patient from self-injury while treatment is rendered.	\$27.27
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